
**DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE
SERVICES REPORT
G.S. 122C – 142.1**

Prepared for:

**NORTH CAROLINA GENERAL ASSEMBLY
JOINT LEGISLATIVE COMMISSION ON
GOVERNMENTAL OPERATIONS**

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**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

DRIVING WHILE IMPAIRED (DWI) SUBSTANCE ABUSE SERVICES REPORT: July 1, 2009 – June 30, 2010

INTRODUCTION

This is an annual report to the North Carolina General Assembly, initiated in the 1995 Legislative Session, and required thereafter to be submitted to the Joint Legislative Commission on Governmental Operations. The objective of the report is to provide an overview of Substance Abuse Services provided to individuals with Driving While Impaired (DWI) offenses, which is a major component of the State's response to the problem of impaired driving.

The report is a summary of data from the DWI substance abuse services Certificate of Completion (DMH-508-R) forms submitted within the fiscal year ending June 30, 2010. The data for this report includes: 1) forms submitted for persons who completed the mandated clinical substance abuse assessment and 2) forms submitted for persons who completed the mandated clinical substance abuse assessment as well as the education or treatment of a substance use disorder, in order to have their license re-instated. The total number submitted was 52,488.

BACKGROUND

North Carolina has had laws targeting DWI behavior since 1909 and statewide programs aimed at identifying and intervening with this population since 1980. Evaluations of this effort over the past 30 years have resulted in the refinement of the State statutes and the development of program standards and rules for service providers (effective September 1994). A review and revision of the rules governing providers of substance abuse services to individuals with DWI offenses was conducted in State Fiscal year 2000. These revised rules became effective on April 1, 2001.

The results of two recent Legislative Study Commissions, in 2004 and 2005, led to changes in the law related to efforts to improve DWI service delivery statewide. House Bill 35 directed the NC Department of Health and Human Services to increase fees for Alcohol and Drug Education Traffic School (ADETS) (from \$75.00 to \$160.00 effective October 1, 2006), increase the instruction from ten hours to 16 hours, and reduce the class size from 35 to 20. It also directed an increase in staff qualifications for providers of ADETS. As of January 2009, Certified ADETS instructors must at least hold a Certified Substance Abuse Counselor (CSAC) credential with the North Carolina Substance Abuse Professional Practice Board.

In addition, the Bill established an outcomes evaluation study on the effectiveness of DWI services beginning with an initial report to the Joint Legislative Commission on Governmental Operations in December 2007. The third study is underway and will be completed in 2011.

House Bill 1356 increased staff qualifications for persons completing substance abuse assessments, requiring minimally, certification as a Substance Abuse Counselor, by October 1, 2008. It also increased the fee paid by individuals with DWI offenses for substance abuse assessments from \$50.00 to \$100.00. This represents the only increase in those fees since 1987.

In May 2009, a new evidence-based curriculum was adopted statewide for the ADETS programs. The curriculum, known as PRIME for Life, is a motivational intervention used in group settings to provide early intervention of alcohol and drug problems and to build motivation for further substance abuse services when it is needed. Prime for Life has been used primarily among court-referred impaired driving offenders.

THE WEB-BASED REPORT PROCESS

This report is based on information received through a web-based, electronic Certificate of Completion (DMH-508-R) system for the fiscal year ending June 30, 2010.

The electronic version of the Certificate of Completion (DMH-508-R) forms was initiated in October 2006. This is a significant improvement for the system. It improves the quality and efficiency of the verification process completed by the DWI Services office. The electronic system allows for increased monitoring of providers and those they serve. It also improves our research and reporting capabilities.

The original paper DMH-508-R form was established in 1987 and was updated in 1996 and 2006. A copy of this form is included with this report as **Attachment A**. This form is used to verify completion of substance abuse services that allows the individual to be considered for driver's license reinstatement by the Division of Motor Vehicles.

Upon completion of mandated substance abuse services, an authorized DWI provider forwards the DMH-508-R electronically to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS). It is reviewed by the DWI Services Office for accuracy, completeness and compliance with statutes and administrative rules. Once approved, the Division of Motor Vehicles is notified electronically.

OVERVIEW OF DATA

The aggregate data for the report are found in several attachments. It includes the demographic characteristics of individuals with DWI offenses with numbers and percentages for gender, race, marital status, education, employment and age. It also includes the number of individuals with DWI offenses, required to obtain a Certificate of Completion as a condition to restore the driver's license, number of substance abuse assessments completed and the number completing the required substance abuse services.

Additional data include the number of individuals completing services by the county of arrest and the numbers of in state and out of state cases are collected.

The services recommended and completed are shown by totals and percentages of individuals referred to each of the defined service levels available:

1. Education-Alcohol and Drug Education Traffic School (ADETS)
2. Short-term Outpatient Counseling
3. Long-term Outpatient Treatment
4. Day/Intensive Outpatient Treatment
5. Residential/Inpatient Treatment with Continuing Care
6. Special Service plans

The list of active facilities is organized by DWI facility code. The number of clients completing education or treatment for a substance use disorder is listed. Fees paid to providers by individuals with DWI offenses are compiled and shown as averages for the levels of service.

DEMOGRAPHICS:

Attachment B1 documents the demographic characteristics of individuals with DWI offenses for fiscal year 2009-2010. The majority of individuals completing substance abuse services after a DWI offense are single, white, young, employed males. Highlights from the demographic data are as follows:

- 77% Males
- 74% White
- 20% African American
- 52% Never married
- 70% Completed high school, GED or some college
- 18% Ages 14 to 20
- 41% Ages 21 to 34
- 7% Hispanic Ethnicity*
- 42% No Health insurance
- 63% Employed Full Time

* Attachment B1- DWI-508R Form Demographics: Ethnicity is collected as a separate category from racial categories.

The underage category (14-20) has increased from last year, with an additional 4%. Also unemployment increased by 7%.

Attachment B2 lists the number and percent of individuals completing substance abuse services by county of arrest. The larger, more densely populated counties have the highest numbers of individual cases.

Attachment B3 shows that 6% of the cases for this period are for individuals with a license in another state. The percentage last year was about 5%.

G.S. 122C – 142.1 (i) defines the information to be included in this report on substance abuse services for those convicted of Driving While Impaired or Driving While Less Than 21 Years Old After Consuming Alcohol Or Other Drugs. That information is as follows:

(1) The number of persons required to obtain a certificate of completion during the previous fiscal year as a condition of restoring the person's driver's license under G.S. 20-17.6.

The following data was obtained from the NC Judicial Branch - Administrative Office of the Courts Management and Information Services - for individuals convicted of impaired driving offenses during the 2009-2010 State fiscal year. There were 72,926 impaired driving charges reported. Of those, the total number of individuals convicted for an impaired driving offense was 46,189. The number of convictions continues to rise. During 2007-2008, the number of convictions was 42,071 and during 2008-2009 there were 44,832 convictions. The percentage of impaired driving cases resulting in conviction in this report is about 63%. The remaining 26,737 cases, or 37%, were not convicted either by being found not guilty; no probable cause; voluntary dismissal by the prosecutor; voluntary dismissal with leave; or guilty of a charge other than impaired driving **(Attachment B4)**.

Of those convicted of an impaired driving offense, 397 cases were convicted as "Habitual" DWI. A 2009 amendment to North Carolina law allows individuals with Habitual convictions to be considered for re-licensure after a ten year period without traffic or criminal convictions.

The number of cases requiring a Certificate of Completion as a condition of restoring their driver's license is 45,820. This number excludes the habitual convictions.

CONVICTIONS SFY 2009-2010	
DWI (Levels 1-2)	10,467
DWI (Levels 3-5)	31,460
DWI (aid and abet)	24
Driving after consuming under age 21	3845
DWI (commercial vehicle)	24
Habitual DWI*	369
TOTAL	46,189

*excluded from total cases requiring a Certificate of Completion (DMH-508-R).

(2) The number of substance abuse assessments conducted during the previous fiscal year for the purpose of obtaining a certificate of completion.

During this report period, 52,488 Certificate of Completions (DMH-508-R) were submitted to verify that a clinical substance abuse assessment was completed as required by North Carolina law. **Attachment C**, Substance Abuse Assessments, indicates that 47% of these assessments were completed pre-trial.

(3) Of the number of assessments reported under subdivision (2) of this subsection, the number recommending attendance at an ADET school, the number recommending treatment for a substance use disorder and, for those recommending treatment, the level of treatment recommended.

There are six (6) levels of service available for individuals with DWI offenses. North Carolina has an educational intervention program known as ADETS for those who do not have a substance use disorder or other high risk indicators that may require treatment. This is the first level of care. ADETS Instructors are trained in an evidence-based, standardized curriculum, known as PRIME for Life, by Prevention Research Institute. It is recognized by the federal Substance Abuse Mental Health Services Administration's (SAMHSA) National Registry of Evidence based Programs and Practices (NREPP).

Of the 52,488 assessments reported, 9,631 or 18% recommended an ADETS program, and the remainder recommended treatment (**Figure 1**).

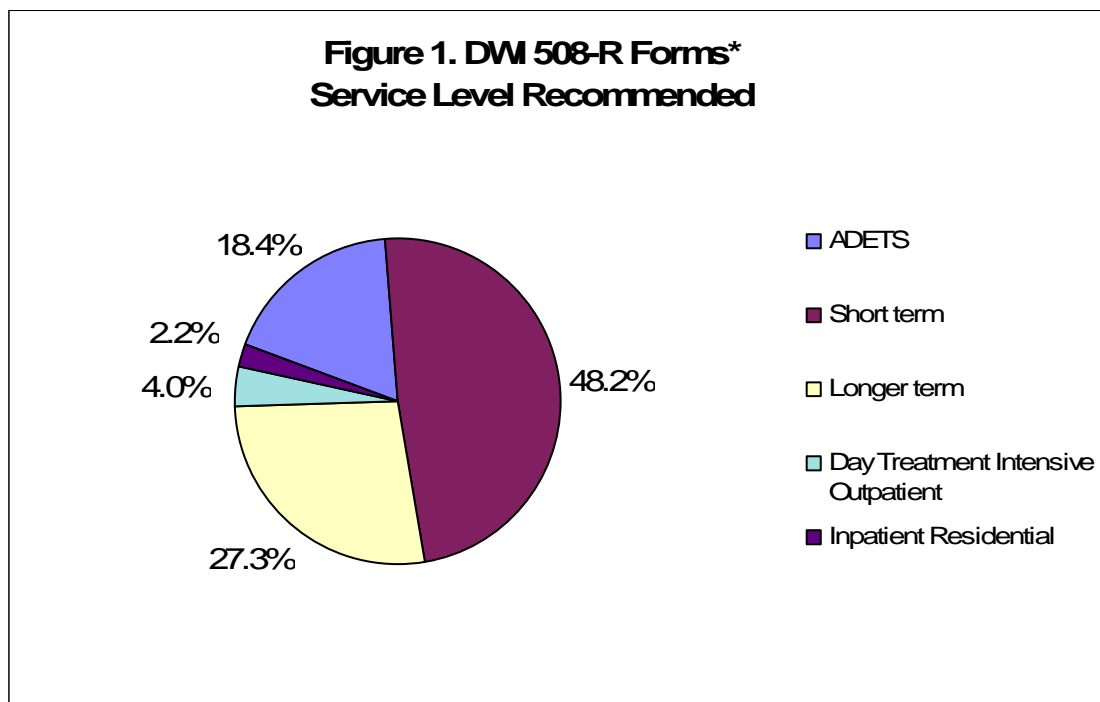
Short term outpatient treatment is primarily for those individuals with a substance abuse diagnosis or those with at least one significant high risk indicator such as a prior conviction. Longer term outpatient, day/intensive outpatient treatment, and residential/inpatient services are for those with a substance use disorder, either abuse or dependence. Placement into these programs is based on American Society of Addiction Medicine (ASAM) patient placement criteria, Diagnostic criteria from the current Diagnostic and Statistical Manual of Mental Disorders (DSM), and the NC administrative code and statutes related to patient placement.

For those assessments that resulted in a treatment recommendation, the number recommended for each level is as follows:

- Short term outpatient – 25,292 (48.2%)
- Longer term outpatient – 14,345 (27.3%)
- Day/Intensive outpatient – 2,093 (4%)
- Residential/Inpatient services - 1,127 (2.2%)

The total percentage of individuals with DWI offenses being recommended to attend treatment services for a substance use disorder was 82%. Approximately 33% of individuals assessed had a diagnosis of substance dependence. The most common diagnoses were alcohol abuse and alcohol dependence at 72% of the total. However, many other substances were included in diagnoses categories of either abuse or dependence. Approximately 23% of cases had other drug abuse or dependence other than alcohol. This is an increase from last year's 13%. The most common substance after alcohol is still cannabis. Other common substances included: cocaine and opiates and then sedatives. About 6% of the cases had multiple substance use disorders.

In the following **Figure 1**, the recommended service levels are reflected in percentages.



(4) Of the number of persons recommended for an ADET School or treatment for a substance use disorder, under subdivision (3) of this subsection, the number who completed the school or treatment.

Of the individuals who were assessed 30,108 or 57%, completed treatment or education (**Figure 2**). The average amount of time between the assessment and engagement in substance abuse services was 2 months.

Over 22,000 individuals or 43% of those assessed did not complete the recommended substance abuse services during this period. Some of these may be in the process of completing substance abuse services, while others may be waiting for sentencing by the court before moving forward with any further requirements. Over 80% of these individuals have been identified to be in need of treatment for a substance use disorder, with 34% also being convicted of repeat offenses. The average number of prior convictions is two.

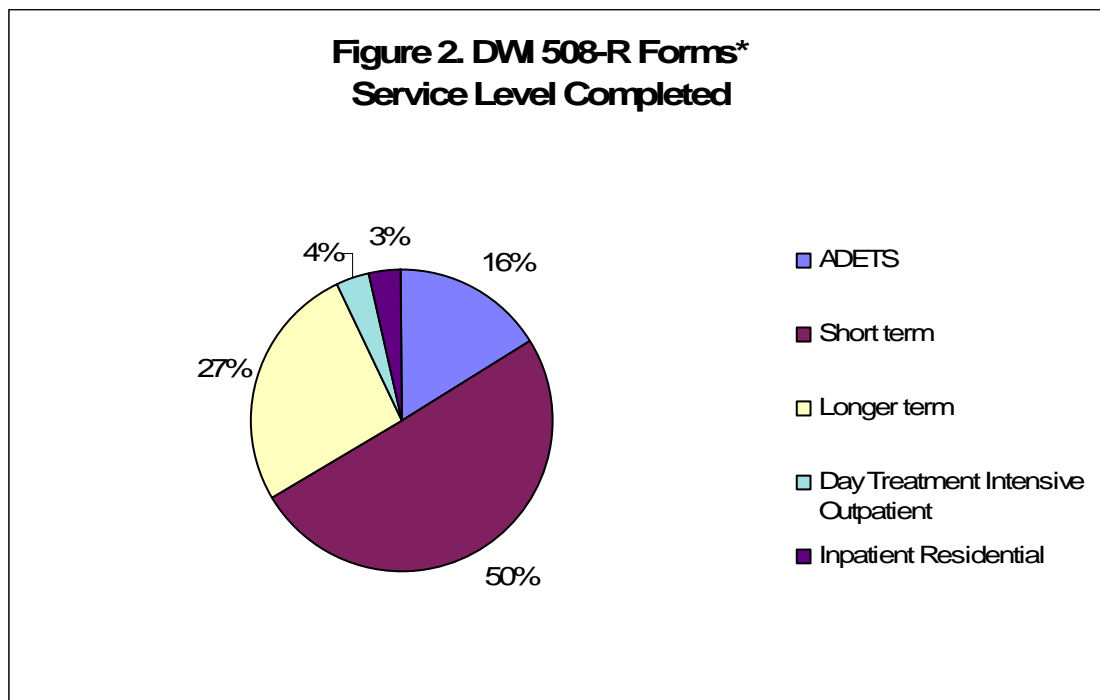
The number of persons who completed education (ADETS) or treatment is as follows:

- ADETS – 4961 (16%)
- Short term treatment -15,053 (50%)
- Long term treatment – 7992 (27%)
- Intensive outpatient treatment – 1083 (4%)
- Residential or inpatient treatment followed by continuing care – 1019 (3%)

The levels of substance abuse services for DWI offenders are based upon nationally recognized patient placement criteria developed by the American Society of Addiction

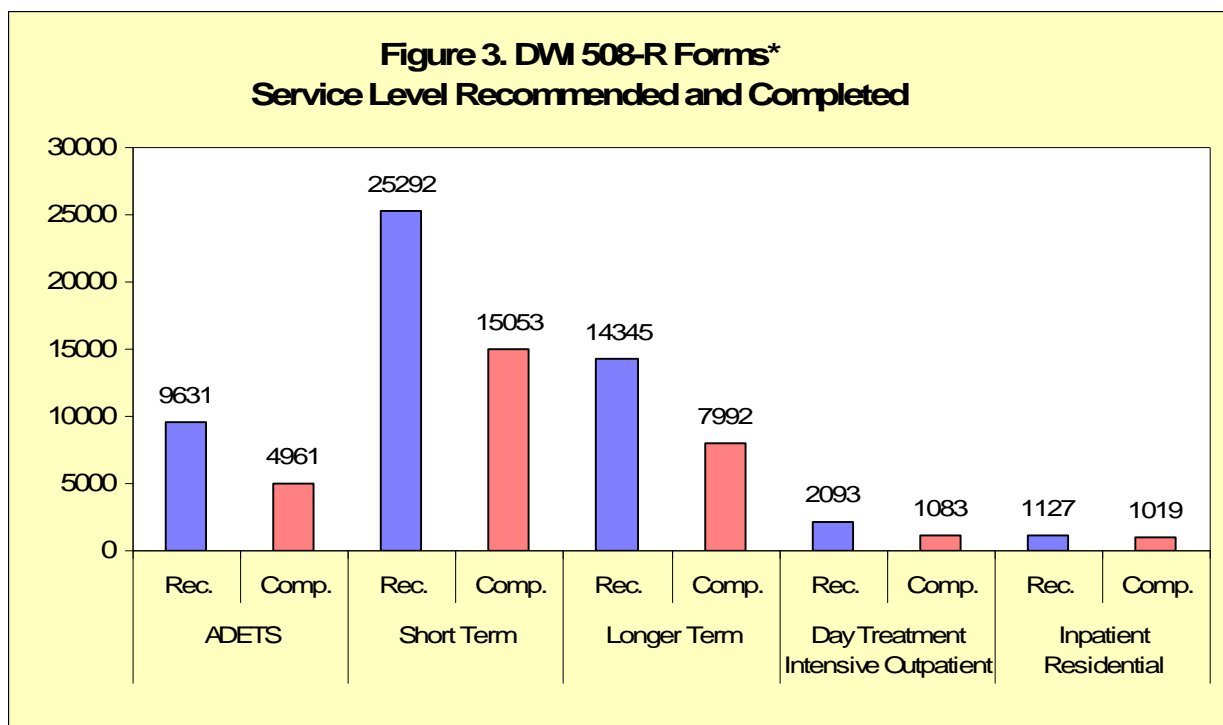
Medicine (ASAM). Most substance abuse treatment today is provided on an outpatient basis.

Figure 2 shows the number of persons who completed the recommended levels of service in percentages.



Substance abuse services for individuals with DWI offenses are also based upon minimum formulas of hours and days. For example, the minimum service plan accepted for “short term” treatment is twenty hours of counseling extending over at least thirty days. These minimum “length of stay” formulations apply to each of the treatment levels. “Special Service Plans” may be developed for persons with disabilities, language barriers or other special circumstances that may prevent them from completing traditional services.

Of the number of persons recommended for ADETS or treatment, the number who completed ADETS or treatment are shown on the next page in **Figure 3**.



Some key factors to consider about the total group of individuals served in fiscal year 2010 are found in **Attachment D**:

- The highest breath alcohol concentration (BAC) found in this group is .29.
- This group has an average BAC of .16 (double the *legal* definition of impairment (.08%) in North Carolina).
- 17,838 or 34% had one or more prior impaired driving convictions.
- 7,845 or 15% refused the breathalyzer.

(5) The number of substance abuse assessments conducted by each facility and, of these assessments, the number that recommended attendance at an ADET school and the number that recommended treatment for a substance use disorder.

Attachment E is an accounting of DWI assessments conducted by each authorized facility in FY 2009-2010 and their recommendations to ADETS or treatment for a substance use disorder. The list is organized by the facility authorization code assigned by DMHDDSAS – DWI Services.

(6) The fees paid to a facility for providing services for persons to obtain a certificate of completion and the facility's costs in providing those services.

The DWI substance abuse assessment fee is \$100.00. The fee for the standardized ADETS program is \$160.00. Both fees are set by Statute. For those attending treatment for a substance use disorder, a minimum payment of \$75.00 is also established by Statute. Service providers may charge additional fees for treatment;

however, public providers may not delay nor deny services due to an inability to pay. Providers are allowed, however, to hold the Certificate of Completion (DMH-508-R) pending the receipt of fees which the client has agreed to pay. The average amount of fees charged and received is documented in **Attachment F**. The average cost for short term outpatient treatment for substance use disorders is \$350.00 at \$18.00 per hour; this service is usually 20 hours of counseling. The average cost for longer term treatment is \$640.00 for forty hours of counseling; this reflects a rate of \$16.00 per hour. Day treatment is provided at an average of \$9.00 an hour.

SUMMARY / IMPLICATIONS:

- The majority of individuals with DWI offenses completing mandated assessments and education or treatment for substance use disorders are single, white, young, employed males. According to the National Highway Traffic Safety Administration (NHTSA), drivers between the ages of 21 and 34 are involved in 50% of the alcohol related highway fatalities annually. This age group makes up 41% of the individuals with DWI offenses in this report.
- The underage category (14-20) has increased from last year by 3%. The underage category in this report is at 18% or 9,416 young people.
- Over one third of the individuals with DWI convictions who completed a clinical substance abuse assessment had one or more prior driving impaired convictions (34%). The highest number of priors reported was 15. The average BAC was .16, twice the legal limit.
- Of the individuals with DWI offenses who were assessed, 30,108 or 57% completed in substance abuse treatment or educational intervention.
- Of those completing services, the average time between the assessment and engagement in substance abuse services was two months.
- The majority of individuals completed services over a period of four to eight weeks, on an outpatient basis. Although outpatient services have been proven to be effective, in many instances, the individuals do not remain in treatment long enough for successful outcomes. Research supports at least three months of substance abuse treatment for significant improvement (Principles of Drug Addiction Treatment, National Institute of Drug Abuse (NIDA), 2000).
- Approximately a third of individuals with DWI offenses who completed services had a substance dependence diagnosis and received “long term” treatment or more. Substance dependence is a chronic, relapsing condition similar to other diseases such as heart disease, high blood pressure, and diabetes that require lifelong attention and a variety of interventions based on the severity of the condition and overall health.
- Over 22,000 individuals or 43% of those completing a clinical substance abuse assessment did not complete any other substance abuse services during this period.

This is an increase from two years ago when the percentage was 35%. Over 80% of individuals assessed have been identified to be in need of treatment for a substance use disorder and of those; approximately 34% are individuals who have at least one prior impaired driving conviction. Many of these will not complete treatment even though they have a substance use disorder. Major barriers exist for follow up for those who are not convicted but have a substance use disorder. These include: stigma, cost of services born by the individual and lack of availability/access in rural areas.

- Without mandated requirements tied to the driver's license, thousands of individuals would not receive services that have been found to make a significant difference in addressing the underlying issues that often lead to recidivism with impaired driving offenses and other impairment problems within our communities. Ensuring immediate and consistent compliance with mandated services related to DWI offenses will continue to have a positive impact on the health and safety of our communities.
- Around 53% or roughly 28,000 individuals with DWI offenses are delaying the completion of a clinical substance abuse assessment until conviction, which may be years after the arrest. This is a missed opportunity for early identification of those who have a substance use disorder. Early identification and intervention has been proven to enhance successful outcomes in the area of substance abuse services.